

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37962
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township _____ Primary Registration District No. 3021 Registered No. 98
 (c) City Webb City (d) Street No. 933 West Thirteenth St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

LEWIS W. QUIGLEY
 (a) Residence, No. 933 West 13th Street St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Vina
 (OR) WIFE OF QUIGLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 4, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 0 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Jerseyville
 (STATE OR COUNTRY) Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Vina Quigley
 (ADDRESS) Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Reeds, Mo. DATE October 22, 1937

19. FUNERAL DIRECTOR Knell Mortuary
 (ADDRESS) Osage, Missouri

20. FILED OCT. 22, 1937 19 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1937

22. I HEREBY CERTIFY That I attended deceased from 4-12 1937 to Oct 19 1937

I last saw him alive on 10/19 1937. Death is said

to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Capillary Bronchitis
& Pericarditis
10/12
 Date of onset 11/37

Other contributory causes of importance:
R. Hip & Upper Arm

Name of operation Reduced fractures Date of 7-37

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/12, 1937

Where did injury occur? Webb City, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Run over by Automobile

Nature of injury on street

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. A. Dumbauld, M. D.

(Address) Webb City, Mo.

STATEMENT BY LICENSED EMBALMER

I, P. W. Knell, Licensed Embalmer No. 814
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed P. W. Knell

Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)